

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6001

2 6001

3

4 0

5 1

6

7 1

8 0

9 201

10

11

12 90-0

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

F. PLACE OF DEATH 11 1963

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Excelsior Springs

Length of stay in 1b

year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

525 Benton

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY

Excelsior Springs

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

525 Benton

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Orville

Middle

Glenn

Last

Miller

4. DATE

OF

DEATH

Month

November

Day

25

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

Aug, 26, 1915

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine operator

10b. KIND OF BUSINESS OR INDUSTRY

Cleaning

11. BIRTHPLACE (City and state or country)

Clarksville, Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Roscoe Miller

13b. MOTHER'S MAIDEN NAME

Dorothy Roberson

14. NAME OF HUSBAND OR WIFE

Marilyn May

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Marilyn Miller, Excelsior Spgs, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary atherosclerosis

2 years

DUE TO (c)

Myocardial Infarction 18 months ago

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 62 to April 62 and last saw her alive on April 62.
Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James R. Allan, M.D.

22b. ADDRESS

Excelsior Springs, Mo

22c. DATE SIGNED

11-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/27/1963

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

23d. LOCATION (City, town, or county)

Excelsior Springs, Mo

(State)

24. FUNERAL DIRECTOR

Pritchard Funeral Home, Inc.

ADDRESS

Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.

11-26-63

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1963

DEC 31 1963

DEC 26 1963

1001
1001

Bureau Permit Renewal

11-26-63 E.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Van Landingham

Licensed Embalmer No. 4009

P. O. Address Cheshire Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.